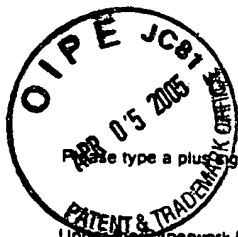


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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10511 287
Filing Date	10/14/04
First Named Inventor	Dar schot.
Group Art Unit	—
Examiner Name	—
Attorney Docket Number	294-200 PCT/us

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

*Employment as Examiner at
PTO on 4/4/05*

- ☒ The correspondence address is NOT affected by this withdrawal.
- ☐ Change the correspondence address and direct all future correspondence to:

<input type="checkbox"/> Customer Number		CORRESPONDENCE ADDRESS		Place Customer Number Bar Code Label here	
OR					
<input type="checkbox"/> Firm or Individual Name					
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City		State		ZIP	
Country					
Telephone		Fax			
This request is enclosed in triplicate.					
Name		Justin K. Holmes			
Signature		<i>[Signature]</i>			
Date		4/4/05			
<p>NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.</p>					

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.